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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA GAZZETTA LLC

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Corporate Filing Menu

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TALLAHASSEE. FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| La Gazzetta LLC | · | | |
|--|---|------------------------------|--|
| (Name of the Limited Liab) (A Ploni | lity Company as it new appears on our records.) da Limited Liability Company) | | |
| The Articles of Organization for this Limited Liability Florida document number L13000178496 | Company were filed on 01/01/2014 | and assigned | |
| This amendment is submitted to amend the following: | . | | |
| A. If amending name, <u>enter the new name of the lir</u> | nited liability company here: | | |
| The new game must be distinguishable and end with the words "I | limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | <u> </u> | | |
| (Principal office address MUST BE A STREET ADD | RESS | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | · - | inter the name of the r | |
| Name of New Registered Agent: | · | <u> </u> | |
| New Registered Office Address: | Enter l'Iorida street address | | |
| | | | |
| | City, Florie | Is Zip Code | |

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position us registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Acent

If smending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|---------------|---------------------------------------|----------------|
| MGR | Umberto Sorbo | 1000 S Pointe Drive, #10 | 1 ■ Add |
| | | Miami Beach, Fl 33139 | C Remove |
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|). If amending any other information, enter cha | ninge(s) here: (Atte | ach additional sheets, | if necessary.) |
|--|--------------------------|---------------------------|----------------------------|
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| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of | of receipt or filed data | and commot be more than 9 | (optional) I days after |
| Dated January 16 | 2014 | | |
| | | | |
| | ember or suthorized re | presentative of a member | |
| Umberto Sorbo | | • | |
| , | Voed or wrinted name | of signer | |

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